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7590

11/22/2004

NAVAL AIR WARFARE CENTER  
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TRUDI SLONE (Depositor's name)  
*Trudi Slone* (Signature)  
December 2, 2004 (Date)

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 10/666,830      | 09/19/2003  | Marvin L. Ryken      | 84909               | 8896             |

TITLE OF INVENTION: REDUCED SIZE TM CYLINDRICAL SHAPED MICROSTRIP ANTENNA ARRAY

| APPLN. TYPE    | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE   |
|----------------|--------------|-----------|-----------------|------------------|------------|
| nonprovisional | NO           | \$1370    | \$300           | \$1670           | 02/22/2005 |

| EXAMINER        | ART UNIT | CLASS-SUBCLASS |
|-----------------|----------|----------------|
| NGUYEN, HOANG V | 2821     | 343-7000MS     |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
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2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
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1 DAVID S. KALMBAUGH

2

3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

United States of America  
as represented by the

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Washington, DC

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☐ Corporation or other private group entity ☒ Government

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☒ Advance Order - # of Copies 1

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5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

*David Kalmbaugh*

Date December 2, 2004

Typed or printed name DAVID S. KALMBAUGH

Registration No. 29,234

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**PHONE No.:**  
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**FROM: TRUDI SLONE**  
**Office of Counsel, Naval Air Warfare Center Weapons Div**  
**PHONE No.: (805) 989-7735**  
**FACSIMILE No.: (805) 989-1695**

**DATE: 2 December 2004**

**SUBJECT: Issue Fees for Navy Case 84909, Application No. 10/666,830**

**COMMENTS:**



12- 2-03 12:28PM; OFFICE OF COUNSEL

; 805 9891695

# 2 / 4

PTO/SB64 (08-03)

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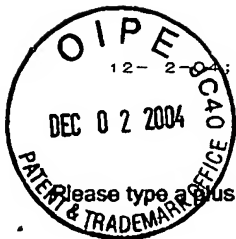
Attorney Docket No. 84909

Attached Paper(s) or Fee(s):

|  |         |
|--|---------|
| Transmittal Form                           | 1 page  |
| PTOL-85 Fee(s) Transmittal Form (2 copies) | 2 pages |

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|   |                      |                        |       |
|---|----------------------|------------------------|-------|
| <b>TRANSMITTAL FORM</b><br><br>(to be used for all correspondence after initial filing) | Application Number   | 10/666,830             |       |
|   | Filing Date          | 9/19/03                |       |
|   | First Named Inventor | RYKEN JR., Marvin L.   |       |
|   | Art Unit             | 2821                   |       |
|   | Examiner Name        | NGUYEN, Hoang V.       |       |
| Total Number of Pages in This Submission  | 3                    | Attorney Docket Number | 84909 |

## ENCLOSURES (check all that apply)

- |   |  |   |
|---|--|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><input checked="" type="checkbox"/> Fee Attached<br><input type="checkbox"/> Amendment / Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits / declaration(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Response to Missing Parts / Incomplete Application<br><input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing - related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication to Group<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interference's<br><input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input type="checkbox"/> Other Enclosure(s) (Please identify below)<br><b>PTOL-85 Fee Transmittal Form</b> |
| Remarks   |  |   |

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

|                         |                    |        |
|-------------------------|--------------------|--------|
| Firm or Individual Name | David S. Kalmbaugh | 29,234 |
| Signature               |                    |        |
| Date                    | 2 Dec 2004         |        |

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|-----------------------|-------------|------|------------|
| Typed or Printed Name | TRUDI SLONE |      |            |
| Signature             |             | Date | 2 Dec 2004 |

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